

# Washington State Health Care Authority

## Welcome!

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# Welcome from Asst. Director

Thank you to those of you participating in today's webinar on Medicaid Expansion 2014. These are exciting times where we have the opportunity to move Medicaid from being only a safety net to a full partner in the health care system, ensuring better care, better health and lower costs.

I know some believe our stakeholdering efforts have been slow coming but in relation to what we have been charged with accomplishing and just getting the final rules mid-March, I feel we are at the right point in our progression to start the stakeholdering process. If we had started much sooner, there wouldn't have been much to work from. Guidance from our federal partners is slow coming, so we continue to work with them attempting to influence their thinking on health care reform. Our #1 goal is to implement the VERY BEST simplified and streamlined and consumer friendly application and review process in the nation, with in the allowances provided in the final rules. Our interest is in removing as many barriers as possible so our citizen consumer's gain access to health care benefits as quickly as possible. With your help I feel confident we will be successful in achieving this objective. Our runway is short and your input is invaluable. Thank you again for participating today in this webinar. Our goal for today is to provide you with an introduction to 2014 Medicaid Expansion and to provide you with opportunities to give input and ask questions on what Medicaid Expansion means to you as a stakeholder.

- Manning



# Medicaid Expansion 2014

## Affordable Care Act

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# Topics to be covered

- Introduction to Medicaid Expansion
- Medicaid Eligibility: Today vs. 2014
- Medicaid Expansion Scenarios
- The Role of an Assistor
- Marketing/Education
- Contact Information and Questions

# Introduction to Medicaid Expansion

- Effective January 1, 2014, Medicaid will be expanded to include individuals between the ages of 19 up to 65 with income up to 133% FPL based on Modified Adjusted Gross Income (MAGI)
- MAGI is a methodology for how income is counted and how household composition and family size are determined
- There is no asset test/multiple disregards – only one 5% disregard across all programs ( $138\% - 5\% = 133\%$  FPL)
- The expansion also moves children, pregnant women and adults with dependent children to the new MAGI methodology

# **MEDICAID ELIGIBILITY: TODAY vs. 2014**

# Medicaid Eligibility: Today vs. 2014

WHO IS ELIGIBLE FOR MEDICAID/CHIP	
CURRENT	JANUARY 2014
<p>Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups:</p> <ul style="list-style-type: none"><li>• Pregnant Women, Children &amp; Families</li><li>• Aged, Blind or Disabled individuals and those receiving Medicare Savings Program</li><li>• All other: Breast &amp; Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge</li></ul>	<p>In addition to the current Medicaid caseload - beginning in January 2014, the “newly eligible” adult group will be added to Medicaid which includes:</p> <ul style="list-style-type: none"><li>• Adults between the ages of 19 up to 65 previously not eligible for Medicaid</li><li>• Anticipated enrollment in the first years - up to 500,000 individuals</li></ul>

# Medicaid Eligibility: Today vs. 2014

WHERE MEDICAID ELIGIBILITY IS DETERMINED	
CURRENT	JANUARY 2014
<p>Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows:</p> <p><u>ADSA</u></p> <ul style="list-style-type: none"> <li>• Aged, Blind or Disabled and Long-Term Care</li> <li>• Waivered Services</li> </ul> <p><u>ESA</u></p> <ul style="list-style-type: none"> <li>• Children, Pregnant Women &amp; Families</li> <li>• Some Long-Term Care and Aged, Blind or Disabled</li> <li>• Some Specialty Medical Programs – HWD and AEM</li> </ul> <p><u>HCA</u></p> <ul style="list-style-type: none"> <li>• BCCTP and Take Charge</li> <li>• Foster Care, Children's Medical and CHIP</li> </ul>	<p>In 2014, medical coverage will be separated in to two groups:</p> <ul style="list-style-type: none"> <li>• MAGI Methodology</li> <li>• Classic Medicaid</li> </ul> <p><u>MAGI Methodology</u> Applications/renewals for pregnant women, children, families and the "newly eligible" adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process.</p> <p><u>"Classic Medicaid"</u> Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.</p>



# Medicaid Eligibility: Today vs. 2014

HOW MEDICAID ELIGIBILITY IS ESTABLISHED	
CURRENT	JANUARY 2014
<p>Medical eligibility is determined by financial staff through a stringent income &amp; resource verification process as follows:</p> <ul style="list-style-type: none"> <li>Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination.</li> <li>Resource limits required for all programs (except Pregnancy/Children)</li> <li>Multiple income disregards based on medical program</li> <li>Eligibility information is entered by financial staff and processed through ACES</li> </ul>	<p>MAGI households will have eligibility determined as follows:</p> <ul style="list-style-type: none"> <li>Income and household eligibility will mirror federal tax filing rules</li> <li>Income verification through automated data-match</li> <li>Acceptance of "self-attestation" when income cannot be verified through automated data-match</li> <li>One 5% income disregard for all programs</li> <li>No resource/asset limits</li> <li>Information is entered by the applicant in to the Exchange web portal for an eligibility determination</li> </ul> <p>In 2014, "Classic Medicaid" will have no eligibility changes.</p>

# Medicaid Eligibility: Today vs. 2014

## HOW ELIGIBILITY QUALITY ASSURANCE IS MAINTAINED

### CURRENT

Today income must be manually verified by financial staff prior to completion of:

- Application
- Renewal
- Change of Circumstances

Medicaid overpayments are only established when involving criminal prosecution.

### JANUARY 2014

HCA will manage a strong "post-Medicaid" eligibility data matching and audit process.

Verification of income will only be required of households when:

- "Self-attestation" is not reasonably compatible with automated data-match; or
- No automated data-match is available

HCA is currently under discussion with CMS on how Medicaid overpayments will be established after January 2014.

# **ELIGIBILITY SCENARIOS**

# Scenario #1 – John Jones

- John is a 42 year old single adult w/o children
  - He is currently homeless and sleeping on the couch at the homes of various friends
  - John is working odd jobs to earn income
- John is attending a health fair and is applying for medical assistance through the Exchange web portal
  - He enters his demographic information into the portal
  - His citizenship and identity are verified through the automated Federal Data Hub

# Scenario #1 – John Jones cont....

- John declares income of \$300 per month
  - There is no income data match found in the system
- John is found eligible for Medicaid
  - His “self-attested” (SA) income falls below the medical income standard of 133% FPL – no resource/asset test is required.
  - John is determined eligible for Medicaid, notified of his approval online and leaves the health fair approved for Medicaid.

# Scenario #2 – Susan Frank & Child

- Susan is a single parent with 1 child, Daniel.
  - She is currently employed full-time
  - Daniel attends school
- Susan declares income of \$2550 per month
  - Data match through the Federal Data Hub shows Susan's income at \$1545 (under 133% FPL)
  - Susan's "self-attested" income is over 133 %FPL for her and over 200% FPL for Daniel
- Eligibility results based on "self-attestation"
  - Based on Susan's "SA" income - Daniel is approved for Apple Health for Kid's medical premium program
  - Susan will be referred in the Exchange for the Advanced Premium Tax Credit (APTC) program

# Scenario #3 – Hart Family

- Family consists of Sam, Amy and child, Riley
  - Sam and Amy are married
  - Amy is pregnant and Sam is working full-time
  - The unborn child is counted in the household size
- The family declares income of \$2910 in May
  - Data match through the Employment Security Department (ESD) shows monthly income of \$3200
- Eligibility results based on “self-attestation”
  - Riley is approved for children’s medical assistance (SA under 200% FPL)
  - Amy is approved for Pregnancy Medical (SA under 185%FPL)
  - Sam is referred to the Exchange for the APTC program (SA over 133%FPL but under 400%FPL)

# Scenario #3 – Hart Family cont...

- Since the “self-attested” income was less than the verified data match:
  - The Hart family will have their declared income compared to the ESD state income data match (when available)
- If the data match shows the reported income is under the Medicaid standard – no action is taken
- If the data match shows the reported income is over the SA income – case is referred for review
- Further verification of income may be required



# Role of an Assistor

- **Assistor**: Anyone who assists an individual or family with the application process through the Exchange web portal
  - By the end of the application process – both the Assistor and the applicant will know whether the client has been approved or not
- This is a non-compensated position
  - What do you see as your role of Assistor in the Exchange?
  - What suggestions do you have regarding how HCA can assist you in this new role?

# Marketing & Education

- The Exchange and changes to eligibility in 2014 will not only impact the “newly eligible” group but also our existing Medicaid caseload.
- What are your thoughts regarding how HCA can provide Marketing and Education to these individuals throughout our communities in Washington State?

# Additional ME 2014 Resources

- **HCA Medicaid Expansion 2014 Website**

<http://www.hca.wa.gov/hcr/me>

- Implementation Plan
- Policy Options
- Stakeholdering Updates
- FAQ – updated often

- **Contact Us**

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